

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045848

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11614

FILED DEC - 2 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis, Mo.

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY

c. CITY OR TOWN St. Louis

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. John Hosp.

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
6044 Childress

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Mary (Mayme) Nejelski

4. DATE OF DEATH

Month

Day

Year

Nov. 24, 1963

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

7-31-84

9. AGE (last birthday)

79

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10b. KIND OF BUSINESS OR INDUSTRY

unk

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Matthew Ferguson

13b. MOTHER'S MAIDEN NAME

Nora Ryan

14. NAME OF HUSBAND OR WIFE

Simon Nejelski

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL SECURITY NO.

17. INFORMANT

6044 Childress, St. Louis, Mo.
Mrs. Marie Franklin

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

6 1/2 wks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

332x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Pulmonary Emphysema

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-10-60 to 11-24-63 and last saw her alive on 11-24-63
Death occurred at 1:15 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Type or print)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

removal

23b. DATE

11-26-63

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olive Cem.

23d. LOCATION (City, town, or county)

Lemay, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Southern Funeral Home
6322 S. Grand, St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.

NOV 25 1963

26. REGISTRAR'S SIGNATURE

Paul Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

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DR. WM. WERNER

4401 HAMPTON

1 TO 4 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

David Van Fossan

Licensed Embalmer No. 4242

P. O. Address St Louis MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.